

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

PEDIATRIC INDICATORS

RESULTS AND ANALYSIS



Reporting Period: October 1, 2000, through September 30, 2001

Produced By:

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EXECUTIVE SUMMARY

This report includes Performance Indicators for services provided to children and adolescents enrolled with AHCCCS acute-care Contractors (health plans). The results reported here should be viewed as *indicators* of access to services, rather than absolute rates for how successfully AHCCCS and/or its Contractors provide care. Many factors affect whether AHCCCS members use services. By analyzing trends over time, AHCCCS and its Contractors can identify areas for improvement and implement interventions.

This report includes results for the measurement period from October 1, 2000, through September 30, 2001. Results of the indicators are reported in aggregate by urban (Maricopa and Pima counties) and the combined rural counties, as well as by individual Contractors. Results for the current measurement period are reported as a relative percentage change from the previous year. The report also indicates whether this change (increase or decrease) is statistically significant; that is, whether the change is probably true and not merely due to chance. The statistically significant value is calculated using the Pearson chi-square test.

The methodology for data collection and reporting of these indicators is based on the Health Plan Employer Data Information Set (HEDIS[®]), 2001 version, developed by the National Committee for Quality Assurance (NCQA). Results are based on a select group of members, who were continuously enrolled during the measurement year, rather than the entire population. This continuous-enrollment criteria reflects the fact that AHCCCS Contractors must have adequate time to contact and educate members, and to facilitate the provision of preventive services, such as well-child visits or dental examinations.

In the measurement period, AHCCCS achieved statistically significant increases in all indicators.

Well-child Visits up to 15 Months of Age – This indicator measured the percentage of children who:

- turned 15 months of age during the measurement year,
- were continuously enrolled in a health plan from 31 days of age,
- had no more than one break in enrollment, not to exceed 31 days, and
- received six or more well-child visits during the first 15 months of life.

Findings

- The proportion of 15-month-olds who received the recommended number of well-child visits improved for the third consecutive year.
- The AHCCCS overall average for acute-care Contractors was 61* percent, a 5.1-percent relative increase over the previous year's average of 58 percent. The increase is statistically significant.
- Among acute-care Contractors, rates ranged from 49 percent to 78 percent. Eight of 10 Contractors included in the study met the AHCCCS Minimum Performance Standard of 58 percent for this indicator, and five exceeded the AHCCCS Goal of 64 percent.

* Throughout this report, AHCCCS overall rates and results for individual Contractors are rounded to the nearest whole number for comparison with contractual performance standards and AHCCCS goals.

- NCQA has not reported a national average for Medicaid health plans for this indicator.

Well-child Visits at 3, 4, 5, and 6 Years of Age – This indicator measures the percentage of children who:

- were 3, 4, 5, or 6 years old at the end of the reporting year,
- were continuously enrolled in a health plan during the reporting period,
- had no more than one break in enrollment, not to exceed 31 days, and
- had at least one well-child visit during the reporting year.

Findings

- The AHCCCS overall average for acute-care Contractors was 47 percent, a 6-percent relative increase over the previous year's average of 44 percent. The increase is statistically significant.
- Among acute-care Contractors, rates for this indicator ranged from 39 percent to 65 percent. Five of nine Contractors included in the study met or exceeded the AHCCCS Minimum Performance Standard of 48 percent and one exceeded the AHCCCS-established Goal of 64 percent. Two Contractors that did not meet the AHCCCS Minimum Performance Standard showed statistically significant improvement in their rates.
- NCQA reported that the national average for Medicaid health plans for this indicator was 52 percent in 1999, the most recent year for which data is available.
- The proportion of 3- through 6-year-olds enrolled in AHCCCS who had an annual well-child exam improved in the current measurement period, after remaining constant over the previous two years.

Children's Access to Primary Care Practitioners (PCPs): Medicaid and KidsCare Populations – This indicator measures the percentage of children and adolescents who:

- were continuously enrolled with one health plan during the reporting year,
- had no more than one break in enrollment, not to exceed 31 days, and
- had at least one visit with a health plan primary care practitioner within the reporting year.

This Performance Indicator also analyzed data separately for children and adolescents qualifying for Medicaid coverage under Title XIX of the Social Security Act and those who are eligible under KidsCare, Arizona's State Children's Health Insurance Program (SCHIP), under Title XXI.

- The Medicaid group included children and adolescents ages 1 through 20.
- The KidsCare group included children and adolescents ages 1 through 18.

Findings

- The AHCCCS overall rate for access to PCPs among Medicaid-eligible children was 74 percent, a 1.7-percent relative increase over the previous period's average of 73 percent. The increase is statistically significant.
- Among acute-care Contractors, rates ranged from 59 percent to 79 percent. Three of nine Contractors included in the study met the AHCCCS Minimum Performance Standard of 77 percent for this indicator. Four other Contractors showed statistically significant improvement in their rates.

- The AHCCCS overall rate for access to PCPs among children eligible under KidsCare was 69 percent, an 8.2-percent relative increase over the previous average of 63 percent. The increase is statistically significant.
- Among acute-care Contractors, rates ranged from 50 percent to 77 percent. One of nine Contractors included in the study met the AHCCCS Minimum Performance Standard of 77 percent for this indicator. Four other Contractors showed statistically significant improvement in their rates.
- For both the Medicaid and KidsCare groups, AHCCCS rates for children 1 year old and 2 through 6 years old were higher than the national Medicaid averages reported by NCQA for calendar year 1999, the most recent year for which national data is available.

Annual Dental Visits – This indicator measures the percentage of members who:

- were 3 through 20 years old at the end of the reporting year,
- were continuously enrolled with one health plan during the reporting year,
- had no more than one break in enrollment, not to exceed 31 days, and
- had at least one dental visit within the reporting year.

Findings

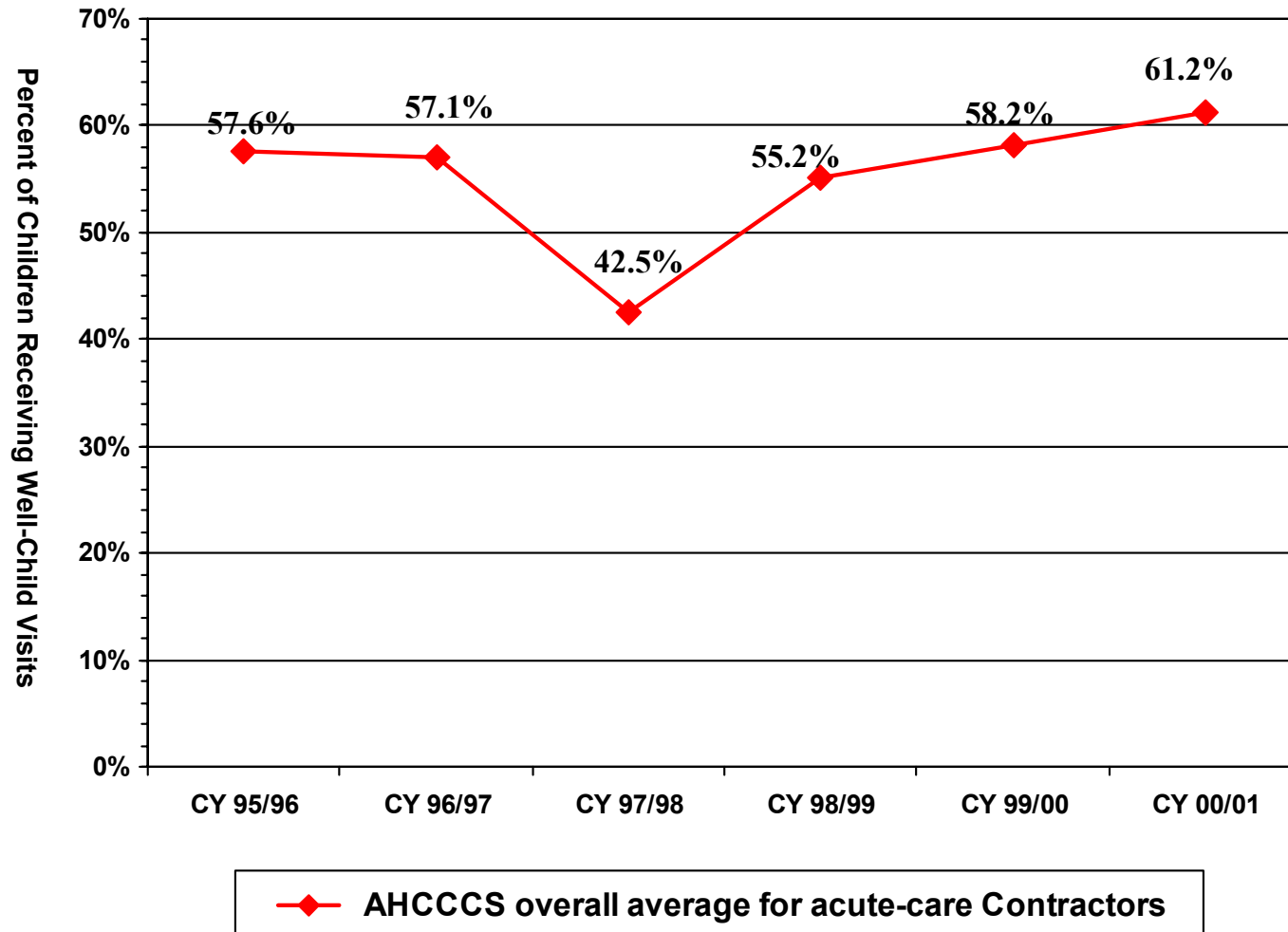
- The AHCCCS overall average for acute-care Contractors was 44 percent, a 2.5-percent relative increase over the previous average of 43 percent. The increase is statistically significant.
- Among acute-care Contractors, rates for this indicator ranged from 30 percent to 48 percent. Three of nine Contractors included in the study met or exceeded the AHCCCS Minimum Performance Standard of 45 percent. Two other Contractors showed statistically significant improvement in their rates and two Contractors experienced statistically significant declines.
- The overall ratio for AHCCCS health plans for this indicator has improved in the past four measurement years.

Under their contracts with AHCCCS, Contractors are required to improve their rates for Performance Indicators and achieve specific goals for each indicator. AHCCCS will provide individual results to Contractors and will require corrective action plans as necessary, based on the findings in this report. Contractors that fail to show improvement may be subject to sanctions. AHCCCS will continue to provide technical assistance, such as identifying new interventions or improvements to existing efforts, to help Contractors better their performance.

AHCCCS acute-care Contractors have implemented several interventions to try to improve access to services measured by these Performance Indicators over the past couple of years. Given the improvements experienced by individual Contractors and overall, these interventions appear to be having a beneficial effect.

Contractors should continue focusing on education of parents about the importance of preventive health care for children, the frequency that services should be obtained, and how to access facilitating services such as language interpretation and transportation. This may be done through member materials and other avenues, such as partnering with community-based outreach programs to get these messages to hard-to-reach families. Many families, in particular those whose children qualify for services under KidsCare, have never had health insurance and may have difficulty navigating the health care system through managed care plans. Therefore, improved communication materials, telephone contact and enhanced outreach programs focusing on these issues also may help improve access to pediatric preventive care services.

Figure 1
Arizona Health Care Cost Containment System
WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE - OVERALL TREND
Measurement Periods: October 1, 1995, to September 30, 2001



Note: AHCCCS increased the minimum number of well-child visits required for this age group from five to six visits, beginning in CY 1997/98.

Figure 2
Arizona Health Care Cost Containment System
WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH AND SIXTH YEARS OF LIFE - OVERALL TREND
Measurement Periods: October 1, 1998, to September 30, 2001

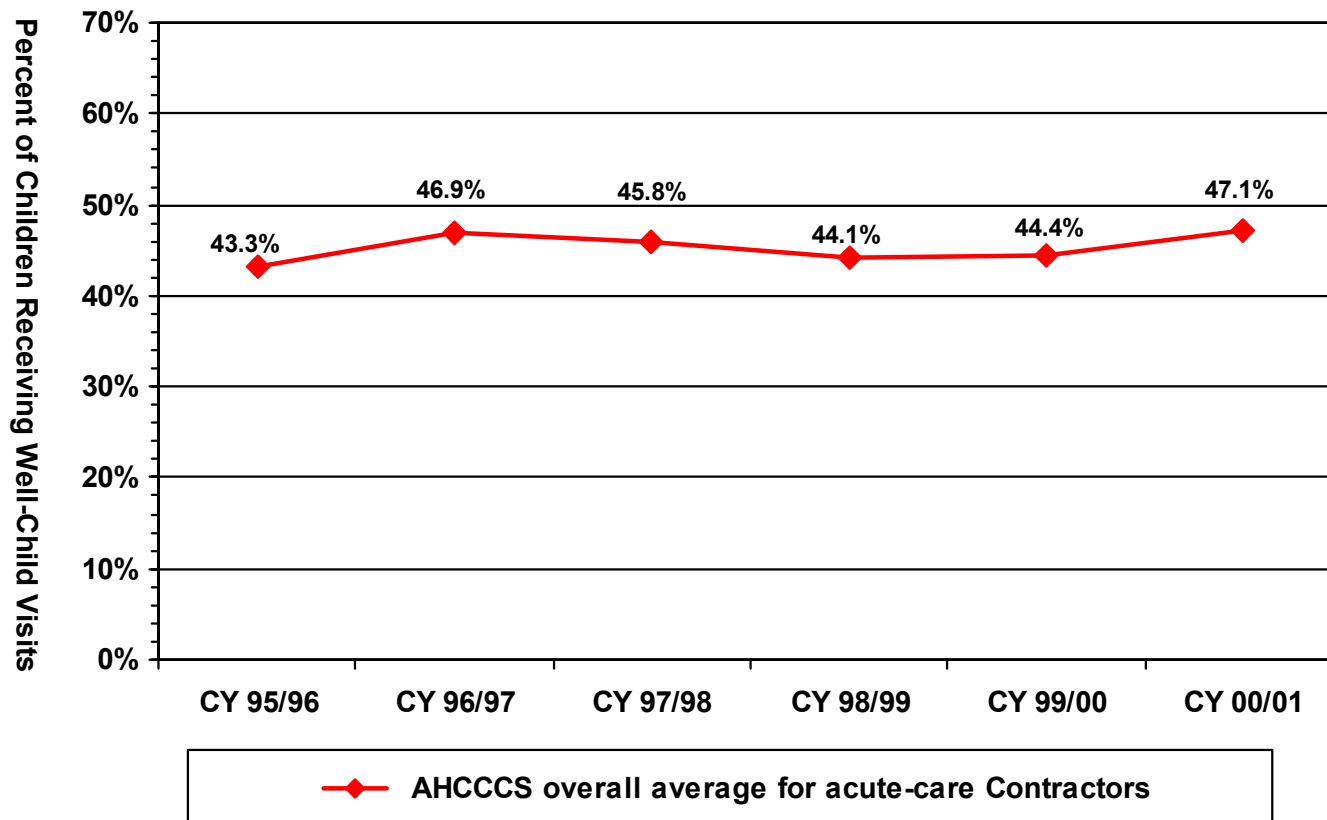
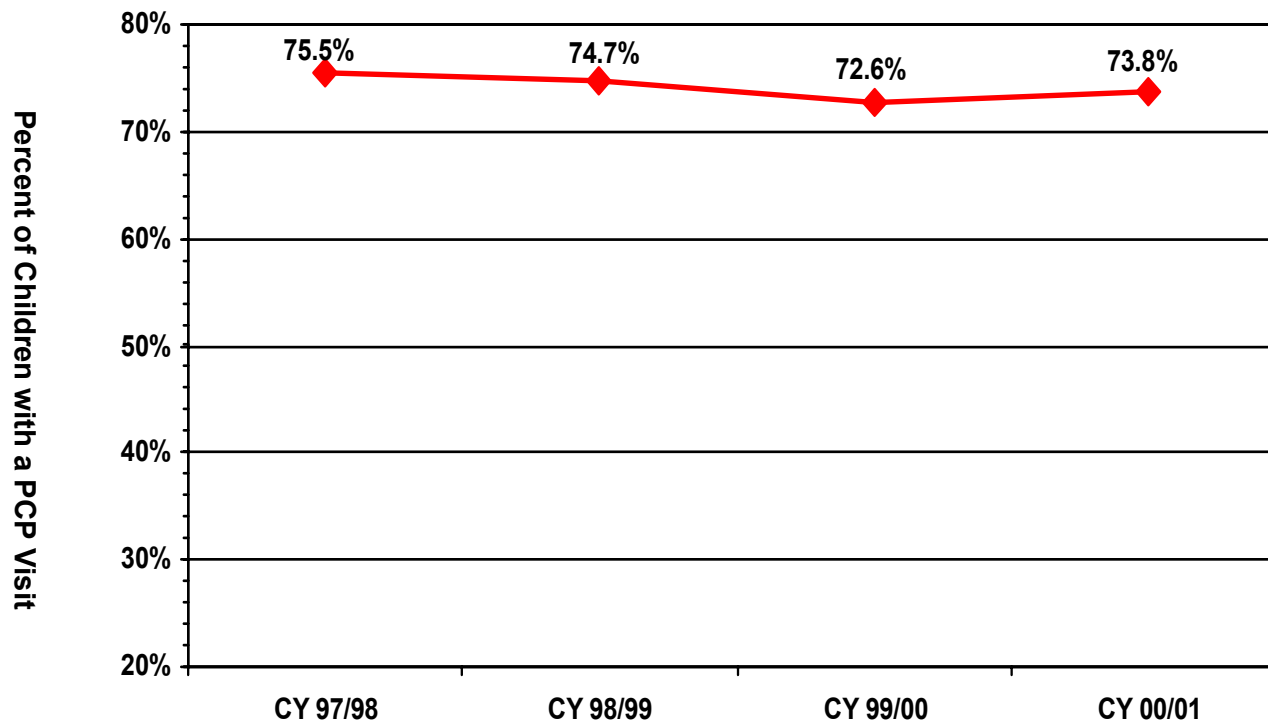


Figure 3
Arizona Health Care Cost Containment System
CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS - OVERALL TREND
MEMBERS ELIGIBLE UNDER MEDICAID
Measurement Periods: October 1, 1997, to September 30, 2001



AHCCCS overall average for acute-care Contractors

Figure 4
Arizona Health Care Cost Containment System
CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS - OVERALL TREND
MEMBERS ELIGIBLE UNDER KIDSCARE
Measurement Period: October 1, 1998, to September 30, 2001

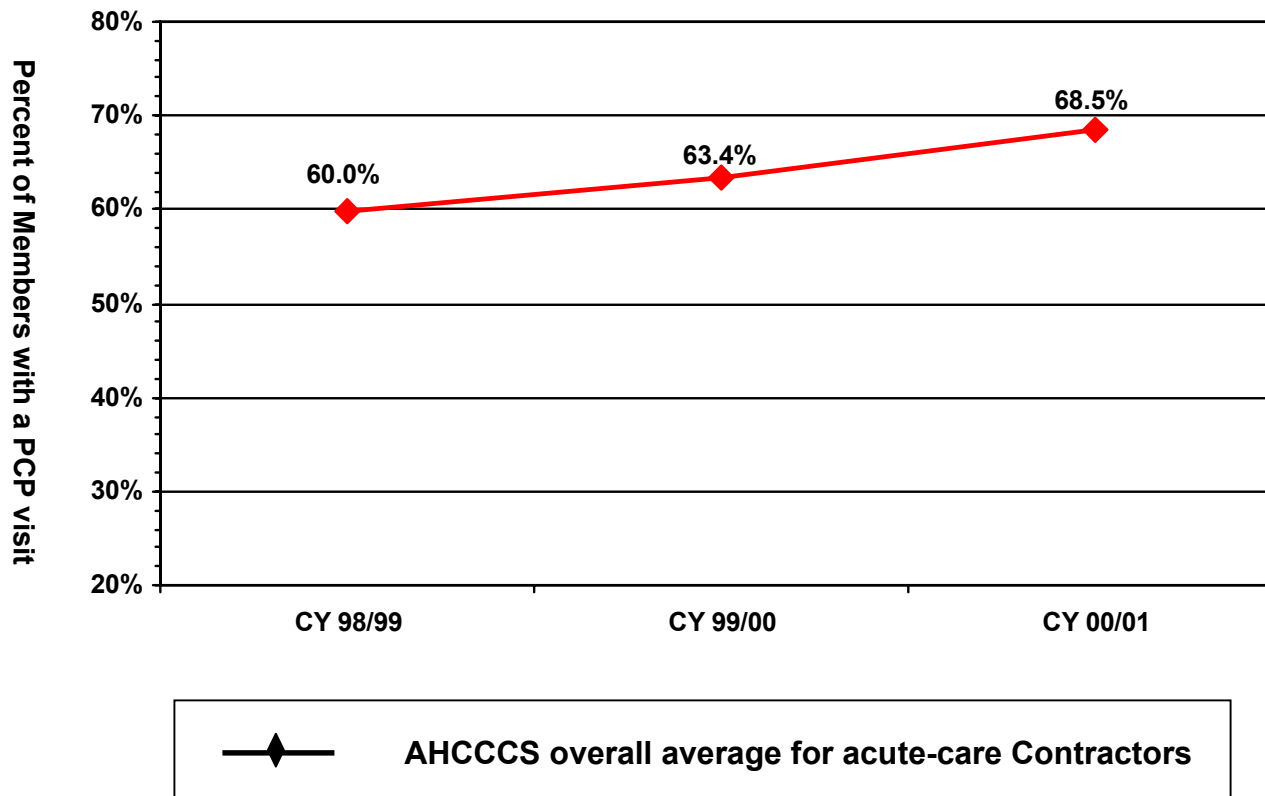


Figure 5
Arizona Health Care Cost Containment System
ANNUAL DENTAL VISITS - OVERALL TREND
Measurement Periods: October 1, 1994, to September 30, 2001

